

PREPARED BY AND RETURN TO:

Select Title & Escrow, LLC

Almon M. Ellis, Jr., Attorney (MS Bar # 101914)

7145 Swinnea Road Suite 2

Southaven, MS 38671

(662) 349-3930

File # 10-1083

Return to:

Delgado Law Firm, PLLC

5779 Getwell Rd., Bldg. D, Suite 5

Southaven, MS 38672

662-536-2120

Indexing Instructions: Lot 27, Milam Country II, in Sec 8, T3S,
R7W, Plat Book 29, Pages 20-21, DeSoto County, Mississippi

GRANTOR:

Rose M. Caraway

*888 Martin E. S.
Hernando, MS. 38632*

HOME:

WORK:

GRANTEES

Josh C. Michael and Stacy Michael

1695 Single Tree Dr.

Hernando, MS 38632

HOME: 662-910-0748

WORK: N/A

HM 662-429-7004

WK- NONE

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, **Rose M. Caraway, a single person** does hereby sell, convey and warrant unto **Josh C. Michael and Stacy Michael, husband and wife, as tenants by the entirety with full right of survivorship and not as tenants in common**, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, more particularly described as follows, to-wit:

Lot 27, MILAM COUNTRY II SUBDIVISION, in Section 8, Township 3, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 29, Pages 20-21, in the office of the Chancery Clerk of DeSoto County, Mississippi

Parcel # 3073-0803.0-00027.00

Property Address: 1695 Single Tree, Hernando, MS 38632

IT IS AGREED AND UNDERSTOOD that the taxes for the current year have been prorated as of this date based on an estimated basis, and when said taxes are actually determined, if the proration as of this date is incorrect, then the grantor agrees to pay to said grantees or their assigns any deficit on actual proration and likewise, the grantees agree to pay to grantor any amount overpaid by her.

THIS conveyance is subject to rights of way and easements for public roads and for public utilities; to applicable building, zoning, subdivision and Health Department regulations; to the covenants, limitations and restrictions of record with the said recorded plat of said subdivision and to which reference is hereby made; to any matter which might be disclosed by a current, accurate survey and physical inspection of said lands.

The Grantor herein acquired title to subject property as a joint tenant with full rights of survivorship with Willard H. Caraway by virtue of instrument of record in Book 349, Page 625, in the office of the Chancery Clerk of DeSoto County, Mississippi. Willard H. Caraway departed this life on or about September 6, 2002, a copy of his death certificate being on file with the State of Tennessee.

Possession is given upon the delivery of this deed or at an agreed upon date between the parties.

WITNESS MY SIGNATURE, on this 14th day of May, 2010.

Rose M. Caraway (SEAL)
Rose M. Caraway

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, within the jurisdiction, the within named **Rose M. Caraway**, a single person who acknowledged to me that she executed the above and foregoing instrument of writing on the day and year therein mentioned, for the purposes therein stated, as her own free act and deed.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this 14th day of May, 2010.



(SEAL)

My Commission Expires

[Signature]
Notary Public


**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**
STATE FILE
NUMBER
 PE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Willard Hall Caraway				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) September 6, 2002	
4a. AGE-LAST BIRTHDAY (Years) 70		4b. UNDER 1 YEAR MOS. DAYS		4c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) February 15, 1932	
7. BIRTHPLACE (City and State or Foreign Country) Trezevant, Tennessee							
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) St. Francis Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Rose Felts		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Tool & Die Maker		12b. KIND OF BUSINESS/INDUSTRY Army Corp. of Engineers	
13a. RESIDENCE-STATE Mississippi		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Hernando		13d. STREET AND NUMBER OR RURAL LOCATION 1695 Single Tree Drive	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38632		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12							
17. FATHER'S NAME (First, Middle, Last) Charlie Frank Caraway				18. MOTHER'S NAME (First, Middle, Maiden Surname) Emily Erah Walker			
19a. INFORMANT'S NAME (Type/Print) Rose Felts Caraway				19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1695 Single Tree Drive Hernando, MS 38632	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hernando Memorial Park		20c. LOCATION-City or Town, State Hernando, Mississippi			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS-887		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>		21d. LICENSE NUMBER OF EMBALMER FS-789	
22a. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Funeral Home 290 Goodman Road East Southaven, MS 38671				22b. LICENSE NUMBER OF FUNERAL HOME 429			
23. REGISTRAR'S SIGNATURE <i>[Signature]</i> Deputy				24. DATE FILED (Month, Day, Year) OCT 09 2002			
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place stated due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i> TN 2612							
25b. LICENSE NUMBER 10-1-02							
25c. DATE SIGNED (Month, Day, Year)							
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER							
26b. LICENSE NUMBER							
26c. DATE SIGNED (Month, Day, Year)							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Gwin Robbins 6005 Park Avenue Suite 329-B Memphis, TN 38119							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. multi-system organ failure DUE TO (OR AS A CONSEQUENCE OF): b. pulmonary embolism DUE TO (OR AS A CONSEQUENCE OF): c. coronary artery bypass surgery DUE TO (OR AS A CONSEQUENCE OF): d. coronary artery disease							
Approximate Interval Between Onset and Death 10 days 10 days 12 days unknown							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			
		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

 NR
CENSUS TRACT
For use by physician or institution

 PHYSICIAN OR MEDICAL
EXAMINER EXECUTING
THIS CERTIFICATE MUST
COMPLETE AND SIGN
THIS CERTIFICATE
WITHIN 48 HOURS.
INSTRUCTIONS
ON OTHER SIDECAUSE OF
DEATH

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

Date Issued

OCT 10 2002


Kenneth Johnson, Registrar
Vital Records Section